



Kim Propeack <kpropeack@casainaction.org> on 10/22/2014 08:40:37 PM

To: 2022190174@fec.gov,  
cc:

Subject: 24 hour FEC filing for CASA in Action 2014

Please find attached CASA in Action's 24 hour report. Below is my contact information for follow-up in case you have any questions.

Sincerely,

--

Kim Propeack, Esq.

Director  
CASA in Action  
301-379-7461 cell  
[kpropeack@casainaction.org](mailto:kpropeack@casainaction.org)

Political Director  
CASA de Maryland  
301-379-7461 cell  
[kpropeack@casamd.org](mailto:kpropeack@casamd.org)



Final FEC 24 hour report CASA in Action 2014.pdf



# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>CASA in Action, Inc.</b>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>8151 15<sup>th</sup> Ave.,</b>	
(c) City, State and ZIP Code <b>Langley Park, MD 20783</b>	
2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number <b>C</b>

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report ☒ 24-Hour Report  
☐ October 15 Quarterly Report ☐ 48-Hour Report  
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on **MM/DD/YYYY**

5. COVERING PERIOD:

FROM **MM/DD/YYYY**  
THROUGH **MM/DD/YYYY**

6. TOTAL CONTRIBUTIONS..... **10,000.00**  
7. TOTAL INDEPENDENT EXPENDITURES ..... **4,493.79**

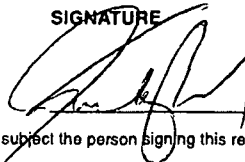
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

**Kimberly Popeack**



**10-21-14**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A**  
**ITEMIZED RECEIPTS**

PAGE 2 OF 8

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

CASA in Action

A. Full Name (Last, First, Middle Initial)

Center for Community Change Action

Mailing Address

1536 U St. NW

City

Washington,

State

DC

Zip Code

20009

Date of Receipt

10/30/2014

Amount of Each Receipt this Period

10,000.00

FEC ID number of contributing federal political committee.

C90012113

Name of Employer

Occupation

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Date of Receipt

MM/DD/YYYY

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Date of Receipt

MM/DD/YYYY

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Date of Receipt

MM/DD/YYYY

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional) .....

10,000.00

TOTAL This Period (last page carry total to Line 6) .....

10,000.00

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 8  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

CASA in Action

Full Name (Last, First, Middle Initial) of Payee <u>Baires, Elizabeth</u>		Date of Public Distribution/Dissemination <u>10/17/2014</u>	
Mailing Address <u>10404 Lucasville Rd.</u>		Amount <u>146.43</u>	
City <u>Manassas</u>	State <u>VA</u>	Zip Code <u>20112</u>	
Purpose of Expenditure <u>Canvassing</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>VA</u> District: <u>10</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>John Foust</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>146.43</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <u>Gutierrez, Wesley</u>		Date of Public Distribution/Dissemination <u>10/17/2014</u>	
Mailing Address <u>7515 Buchanan St, Apt 30</u>		Amount <u>146.43</u>	
City <u>Hyattsville</u>	State <u>MD</u>	Zip Code <u>20784</u>	
Purpose of Expenditure <u>Canvassing</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>VA</u> District: <u>10</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>John Foust</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>292.86</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <u>Kohn, Isiah</u>		Date of Public Distribution/Dissemination <u>10/17/2014</u>	
Mailing Address <u>11506 Lovejoy St.</u>		Amount <u>146.43</u>	
City <u>Silver Spring</u>	State <u>MD</u>	Zip Code <u>20902</u>	
Purpose of Expenditure <u>Canvassing</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>VA</u> District: <u>10</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>John Foust</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>439.29</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures..... 439.29

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 OF 8  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

CASA in Action

Full Name (Last, First, Middle Initial) of Payee <u>Sorto, Hada</u>		Date of Public Distribution/Dissemination <u>10' 17' 2014</u>	
Mailing Address <u>8644 Piney Branch Rd., Apt 201</u>		Amount <u>146.43</u>	
City <u>Silver Spring</u>	State <u>MD</u>	Zip Code <u>20901</u>	
Purpose of Expenditure <u>Canvassing</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>VA</u> District: <u>10</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>John Foust</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>585.72</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Sandino, Varinia</u>		Date of Public Distribution/Dissemination <u>10' 17' 2014</u>	
Mailing Address <u>5014 37<sup>th</sup> Place</u>		Amount <u>146.43</u>	
City <u>Hyattsville,</u>	State <u>MD</u>	Zip Code <u>20782</u>	
Purpose of Expenditure <u>Canvassing</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>VA</u> District: <u>10</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>John Foust</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>732.15</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Hernandez, Helder</u>		Date of Public Distribution/Dissemination <u>10' 17' 2014</u>	
Mailing Address <u>2207 Chapman Road</u>		Amount <u>146.43</u>	
City <u>Hyattsville,</u>	State <u>MD</u>	Zip Code <u>20783</u>	
Purpose of Expenditure <u>Canvassing</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>VA</u> District: <u>10</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>John Foust</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>878.53</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... 439.29

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 5 OF 9  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

CASA in Action

Full Name (Last, First, Middle Initial) of Payee <u>Ramos, Junior</u>		Date of Public Distribution/Dissemination <u>11/01/17/2014</u>	
Mailing Address <u>5646 Whitfield Chapel Rd., Apt 103</u>		Amount <u>14643</u>	
City <u>Lanham</u>	State <u>MD</u>	Zip Code <u>20706</u>	
Purpose of Expenditure <u>Canvassing</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>VA</u> District: <u>10</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>John Foust</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>1,025.01</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Gutierrez, Jocelyn</u>		Date of Public Distribution/Dissemination <u>11/01/17/2014</u>	
Mailing Address <u>6513 Lamont Dr.</u>		Amount <u>146.43</u>	
City <u>New Carrollton</u>	State <u>MD</u>	Zip Code <u>20784</u>	
Purpose of Expenditure <u>Canvassing</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>VA</u> District: <u>10</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>John Foust</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>1,171.44</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Carballeo, Rogelio</u>		Date of Public Distribution/Dissemination <u>10/17/2014</u>	
Mailing Address <u>13570 Castlebridge Lane</u>		Amount <u>14643</u>	
City <u>Woodbridge</u>	State <u>VA</u>	Zip Code	
Purpose of Expenditure <u>Canvassing</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>VA</u> District: <u>10</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>John Foust</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>131787</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 439 29

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 6 OF 8  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

CASA in Action

Full Name (Last, First, Middle Initial) of Payee

Calvin, Trey

Mailing Address

27 R St. NE

City

Washington

State

DC

Zip Code

20002

Purpose of Expenditure

Canvassing

Category/  
Type

Office Sought:

☒ House

State: VA

☐ Senate

District: 10

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John Foust

Calendar Year-To-Date Per Election  
for Office Sought

1,464.30

Date of Public Distribution/Dissemination

10/17/2014

Amount

1,464.30

Full Name (Last, First, Middle Initial) of Payee

Aguilar, Luis Angel

Mailing Address

6003 Bellview Dr.

City

Falls Church, VA

State

Zip Code

22041

Purpose of Expenditure

Canvassing

Category/  
Type

Office Sought:

☒ House

State: VA

☐ Senate

District: 10

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John Foust

Calendar Year-To-Date Per Election  
for Office Sought

1,708.30

Date of Public Distribution/Dissemination

10/17/2014

Amount

244.00

Full Name (Last, First, Middle Initial) of Payee

US Post Office

Mailing Address

900 Brentwood Rd. NE

City

Washington, DC

State

Zip Code

10018

Purpose of Expenditure

Postage for Mailer

Category/  
Type

Office Sought:

☒ House

State: VA

☐ Senate

District: 10

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John Foust

Calendar Year-To-Date Per Election  
for Office Sought

2192.60

Date of Public Distribution/Dissemination

10/28/2014

Amount

484.30

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

874.73

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 7 OF 9  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

CASA in Action

Full Name (Last, First, Middle Initial) of Payee

Peake Delancey

Mailing Address

2500 Schuster Dr.

City

Hyattsville

State

MD

Zip Code

20781

Date of Public Distribution/Dissemination

10/28/2014

Amount

601.20

Purpose of Expenditure

Printing

Category/  
Type

Office Sought:

☒ House

State: MD

☐ Senate

District: 10

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John Foust

Calendar Year-To-Date Per Election  
for Office Sought

2793.80

Disbursement For: ☐ Primary

☒ General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Vaheiry Galan

Mailing Address

8151 15<sup>th</sup> Ave.

City

Langley Park

State

MD

Zip Code

20783

Date of Public Distribution/Dissemination

10/17/2014

Amount

542.30

Purpose of Expenditure

Management

Category/  
Type

Office Sought:

☒ House

State: VA

☐ Senate

District: 10

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John Foust

Calendar Year-To-Date Per Election  
for Office Sought

3,336.10

Disbursement For: ☐ Primary

☒ General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Mate Vadar

Mailing Address

8151 15<sup>th</sup> Ave.

City

Langley Park

State

MD

Zip Code

20783

Date of Public Distribution/Dissemination

10/28/2014

Amount

157.69

Purpose of Expenditure

Design

Category/  
Type

Office Sought:

☒ House

State: VA

☐ Senate

District: 10

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John Foust

Calendar Year-To-Date Per Election  
for Office Sought

3493.79

Disbursement For: ☐ Primary

☒ General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....

1,301.19

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....  
(carry total from last page forward to Line 7)



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 8 OF 8  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

CASA in Action

Full Name (Last, First, Middle Initial) of Payee <u>Lindolfo Carballo</u>		Date of Public Distribution/Dissemination <u>10</u> <u>17</u> <u>2014</u>	
Mailing Address <u>901 S. Highland St. 3rd Floor</u>		Amount <u>461.54</u>	
City <u>Arlington</u>	State <u>VA</u>	Zip Code <u>22204</u>	
Purpose of Expenditure <u>Canvassing</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>VA</u> District: <u>10</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>John Foust</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>3.955.33</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Eduardo Zelaya</u>		Date of Public Distribution/Dissemination <u>10</u> <u>17</u> <u>2014</u>	
Mailing Address <u>901 S. Highland St. 3rd Floor</u>		Amount <u>269.23</u>	
City <u>Arlington</u>	State <u>VA</u>	Zip Code <u>22204</u>	
Purpose of Expenditure <u>Canvassing</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>VA</u> District: <u>10</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>John Foust</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>4.224.56</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Wendy Contreras</u>		Date of Public Distribution/Dissemination <u>10</u> <u>17</u> <u>2014</u>	
Mailing Address <u>901 S. Highland St. 3rd Floor</u>		Amount <u>269.23</u>	
City <u>Arlington</u>	State <u>VA</u>	Zip Code <u>22204</u>	
Purpose of Expenditure <u>Canvassing</u>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>VA</u> District: <u>10</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>John Foust</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>4.493.79</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... 1,000.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures..... 4.493.79  
(carry total from last page forward to Line 7)

In an attempt to comply with its 24-hour reporting requirements and fulfill the underlying policy goals of providing timely, transparent reporting of its independent expenditures, CASA in Action, Inc. is filing this 24-Hour Report at the beginning of its independent expenditure effort estimating its expenses through the general election and then will file an amended report to reflect actual expenditures once the amounts are known. Although we have attempted to report a reasonable estimate of our independent expenditures, it is inevitable that the final numbers reported will vary from these estimates.

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-mail</i>	Date of Receipt or Postmarked <i>10/22/2014</i>
<i>Jh</i> PREPARER (8/2013)	<i>10/23/2014</i> DATE PREPARED